

# **Indiana HIV/AIDS Housing Plan**

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prepared for:

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# Executive Summary

This Executive Summary includes an overview of the needs assessment and planning process, the critical issues identified by the needs assessment process, the recommendations that were developed to address the critical issues and the key findings of the needs assessment.

The *Indiana HIV/AIDS Housing Plan* was completed in February 2003 for the Indiana Housing Finance Authority, the City of Indianapolis, and The Damien Center by AIDS Housing of Washington, a national HIV/AIDS housing technical assistance provider based in Seattle. The geographic focus is the state of Indiana, including the Indianapolis eligible metropolitan statistical area (EMSA).

## Overview of the Needs Assessment and Planning Process

The needs assessment included the following components:

- **A Steering Committee** was convened in June 2002 to oversee and guide the needs assessment and planning process and was comprised of people living with HIV/AIDS, state and local government representatives, housing developers, AIDS housing and service providers, funders, social services providers, technical assistance providers, and advocates.
- **Interviews were held with nearly 140 stakeholders** working in areas related to HIV/AIDS housing and services.<sup>1</sup> These key informants were identified by the Steering Committee, community meeting participants, and other providers. Stakeholders in every region of the state as well as those working statewide were interviewed. Key informants were asked about the strengths and gaps of their local housing and service systems and for their ideas about possible improvements.
- **Eight consumer focus groups** were held with a total of sixty-four people living with HIV/AIDS in seven HIV Care Coordination Regions.
- **A written survey had 418 respondents** that included people living with HIV/AIDS in each region of the state.
- **A review of existing plans and data** related to housing, homelessness, and HIV/AIDS.

The *Indiana HIV/AIDS Housing Plan* provides a framework for assessing and planning for the housing needs of people living with HIV/AIDS. It represents the culmination of a nine-month effort by a broad cross section of stakeholders to determine the housing needs of people living with HIV/AIDS and their families throughout the state.

The plan includes a demographic profile of individuals who are estimated to be living with HIV and AIDS; an overview of income, housing affordability, and homelessness issues; an overview of HIV/AIDS-dedicated housing resources; findings from the focus groups, survey, and key informant interviews; and a summary of critical issues and recommendations.

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<sup>1</sup> See the comprehensive list of key informants and agency affiliations at the front of this plan.

## Critical Issues

The Steering Committee met over two days in January 2003 to review the findings from the needs assessment, identify the most critical issues concerning housing people living with HIV/AIDS in Indiana, and develop recommendations to address the critical issues. The issues were grouped into five themes.

### Comprehensive and Collaborative Statewide and Local Planning

The Steering Committee and many stakeholders acknowledged that **strong and effective housing and service systems** are currently in place throughout Indiana. These assets create a solid base for providing housing and services to people with disabilities and/or low incomes in Indiana.

Although HIV/AIDS service organizations identify housing as a significant need of people living with HIV/AIDS, **linkages between the HIV/AIDS services and mainstream housing systems need improvement**, particularly at the planning level. As a result, stakeholders working in housing and homelessness have limited understanding of HIV/AIDS housing needs in their communities, although many expressed an interest when interviewed.

HIV/AIDS service organizations are generally **not as aware of programs and funding sources for housing** as they are of programs and funding sources for services. Most HIV/AIDS service organizations turn primarily to Housing Opportunities for Persons with AIDS (HOPWA) funds for housing resources. Although a critical source of support, HOPWA funds are extremely limited compared to the scope of other housing programs for people who earn low incomes. Participating in local planning processes is an excellent way to share and obtain information about available resources.

The Steering Committee emphasized several philosophies in regards to housing planning. There is a growing sense that a **“housing first”** approach—addressing housing needs prior to service needs, rather than requiring participation in or completion of services as a requirement for housing—is most appropriate for people living with HIV/AIDS, as well as other populations. In addition, both providers and consumers identified **permanent housing as a priority**, particularly **independent housing that is integrated into the community, whether rented or owned**.

Finally, the Steering Committee acknowledged that there is already **more need for housing and services than current levels of state and federal financial support can address**. Planning must include responses to the lack of resources, both by prioritizing the use of limited resources and by seeking new resources.

## **Affordability**

The Steering Committee, consumers, and other stakeholders all identified **affordability as the primary barrier to accessing housing for people living with HIV/AIDS**. In every region of the state, it is extremely difficult to find decent, safe, and sanitary housing that is affordable for people with low incomes. **Deposits and other move-in costs** also impact affordability.

The resulting need for affordable housing and housing assistance by people living with HIV/AIDS and other people with low incomes, including people with disabilities, has created demand that greatly exceeds supply. As a result, many areas of the state often have **lengthy waiting lists** for the few housing opportunities that exist.

## **Barriers to Achieving and Maintaining Housing Stability**

In addition to a lack of affordable housing, the Steering Committee, consumers, and providers identified several significant barriers to achieving and maintaining housing stability. The barriers identified most frequently by providers were **poor credit, recent criminal history, poor rental history, and active substance use**.

Consumers and providers also frequently referred to **confidentiality** as a concern in achieving and maintaining housing stability. Specifically, consumers were fearful that, upon discovering their HIV status, property managers and neighbors would react negatively, possibly with eviction or harassment.

Both providers and consumers agreed that **administrative requirements**, such as applying for programs and maintaining eligibility, can be challenging for some consumers, particularly those with low literacy levels, and as a result require more time and effort of direct service providers.

## **Successful Tenant-Landlord Relationships**

The Steering Committee identified successful tenant-landlord relationships as another critical component of housing success. Both consumers and providers expressed concerns that a lack of **understanding about rights and responsibilities** can lead to housing problems. Seventy percent of survey respondents indicated that they would use legal help to deal with past or current housing problems, such as eviction, if available.

**Confidentiality** was the aspect of successful tenant-landlord relationships mentioned most frequently by consumers. Consumers suggested that property managers who accept HOPWA be required to sign a confidentiality agreement that would protect the tenant. **Housing quality** was also discussed. In some communities, the housing that is most affordable to people with very low incomes may be of low or even substandard quality.



## **Access to Community and Support Services**

Some consumers have difficulty accessing services even though these services are offered in their community, mostly due to **challenges with transportation**. Half of survey respondents reported traveling 11 miles or more for medical and service appointments, and the majority depended on the car of a friend or family member to access appointments.

As people with HIV/AIDS live longer and healthier lives, **employment** is increasingly an area of interest for both consumers and providers. In focus groups, consumers expressed an interest in having employment opportunities that would both increase their income and allow them to contribute in their community. At the same time, both providers and consumers highlighted the critical importance of maintaining eligibility for medical benefits.

## **Recommendations**

Steering Committee members had the opportunity to brainstorm and develop recommendations in response to the findings of the needs assessment. In addition, the ideas of people living with HIV/AIDS, summarized in the “Focus Group Findings” section of the plan, were presented to and discussed by the Steering Committee. Participants built consensus for seven recommendations to address the critical issues, then prioritized them by level of importance.

The recommendations are listed below as they were prioritized by the Steering Committee.<sup>2</sup>

### **1. Seek additional sources of funding to expand housing options along the HIV/AIDS housing continuum.**

- Additional funding sources for housing programs include HOME, Community Development Block Grants (CDBG), Shelter Plus Care, Supportive Housing Program, Emergency Shelter Grants, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, and others.
- New housing programs should be developed based on the needs and preferences identified by consumers during this planning process.
- New housing programs should be developed based on the needs identified for each region of the state.

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<sup>2</sup> See Appendix 13 for minutes from the January 16, 2003 Steering Committee meeting, which includes a list of recommendations and the number of priority votes each recommendation received.

**2. Create a statewide committee to coordinate HIV/AIDS housing planning.**

- The mission of the committee is to guide the implementation of the plan's recommendations, as well as to provide educational and technical assistance on HIV/AIDS housing issues throughout the state.
- The Committee should have representatives from each region of the state and should explore possible structures for participation in order to choose the most appropriate and effective model.
- The Committee should have broad participation in order to engage many stakeholders in developing solutions. Participants should include HIV/AIDS housing and services providers, people living with HIV/AIDS, mainstream housing providers (such as developers and housing authorities), property managers, disability service providers, state and local government representatives, and funders.

**3. Encourage HIV/AIDS service organizations and other providers that serve people with disabilities to participate in housing and homelessness planning efforts, such as the Consolidated Plan, Continuum of Care and public housing planning processes.**

- The recommended statewide HIV/AIDS housing committee should educate stakeholders about the importance of participating in these planning processes.
- Information gathered during this needs assessment and planning process regarding the housing needs of people living with HIV/AIDS should be highlighted during these planning processes.

**4. Develop a tenant-landlord education program that could be implemented in each HIV Care Coordination Region of the state.**

- The goal of this program is to reduce barriers to accessing housing.
- Investigate model programs from throughout the country, including Fort Wayne's Gold Star Landlord-Tenant program.
- Explore potential funding options for this program.

**5. Improve local service coordination among providers in each HIV Care Coordination Region of the state.**

- Promote an exchange of information between HIV/AIDS housing and service providers and providers from other services systems, such as homeless, mental health, substance use, and other systems serving people with special needs.
- Seek opportunities to collaborate in planning and in creating housing for people with special needs.

**6. Increase housing opportunities for people with barriers related to credit, criminal, and rental histories.**

- Collaborate with other systems serving people with barriers to housing, including substance use treatment, mental health, and homeless service systems, in state and local planning processes and on the statewide HIV/AIDS housing committee.
- Make accurate, up-to-date information regarding the needs of this population available to funders, elected officials, and other policy makers.

**7. Develop a clearinghouse for information on housing assistance available to people living with HIV/AIDS that will be accessible to consumers and their advocates throughout the state.**

- Information should at a minimum include resources dedicated to serving people living with HIV/AIDS.
- Information could be expanded to include all resources that are available to serve and/or house people with very low incomes.
- Information would need to be updated on a regular basis and distributed widely.

## **Key Findings of the Needs Assessment**

The following findings indicate that there are many people living with HIV/AIDS in Indiana who have housing and related service needs that are not being met with current resources. These findings were reached through background research, surveys of and focus groups with people living with HIV/AIDS, and key informant interviews.

### **Research Findings**

Background research was conducted during the needs assessment process to provide a framework for the subsequent discussion of HIV/AIDS housing issues. This research included a review of HIV/AIDS epidemiology, housing market information, homelessness data, income and poverty data, funding sources, and HIV/AIDS-dedicated housing programs.

The following information includes highlights from the research findings:

- As of June 30, 2002, there were a reported 3,368 people living with AIDS and another 3,668 people living with HIV who have not been diagnosed with AIDS. Since the epidemic began, 11,994 people have been diagnosed with HIV and/or AIDS in Indiana.
- Housing is unaffordable to many people living with HIV/AIDS. A person earning only Supplemental Security Income (SSI) can afford to pay just \$164 per month in rent without incurring a cost burden, which is well below the Fair Market Rent (FMR) for a studio apartment (\$321 in Putnam County and \$384 in the Indianapolis EMSA).
- From June 2001 to July 2002 IHFA allocated \$751,001 in HOPWA funds to 13 agencies in 11 regions of the state. Two-thirds of the funds were allocated to tenant-based or short-term rental assistance programs.

- From June 2001 to July 2002, the City of Indianapolis allocated \$834,620 in HOPWA funds to 5 agencies in the Indianapolis metropolitan region (HIV Care Coordination Region 7).
- Each region of the state has some housing assistance that is dedicated to people living with HIV/AIDS. In total, there are 143 housing units and 190 tenant-based rental assistance vouchers, including 79 housing units and 71 vouchers in the Indianapolis EMSA.

## **Survey Findings**

A housing survey was distributed to people living with HIV/AIDS throughout the state in order to gather more information about individuals' housing histories, needs, and preferences; 418 people living with HIV/AIDS completed surveys. At least ten completed surveys were received from people living with HIV/AIDS in each of the twelve HIV Care Coordination Regions.

The following themes emerged from survey respondents:

- Survey respondents had very low incomes. Respondents earned a median monthly income of \$635; women and African Americans/Blacks earned less than \$550 per month.
- Many survey respondents received some housing assistance, but most still pay a large portion of their income for housing. While 41 percent of respondents were receiving some type of housing assistance at the time of the survey, just 11 percent of respondents reported paying less than 30 percent of their income toward housing costs, the limit for affordability set by HUD.
- Consistent with the preferences expressed, the majority of respondents lived alone and rented their homes. In addition, 80 percent indicated they would rather pay more to live alone than share their housing with others.
- Behavioral health issues, such as mental health and substance use, affected a small but considerable percentage of people living with HIV/AIDS. Almost half of respondents had received mental health services and one in five had received substance use services in the past month.
- More than a third of respondents had experienced homelessness. The factors leading to homelessness reported most commonly by respondents were: no income from a job or benefits, a friend or family made them move, the respondent's use of alcohol or drugs, and eviction.

## **Focus Group Findings**

People living with HIV/AIDS were solicited to participate in focus groups, and were provided compensation for doing so. Eight focus groups were held in seven of the twelve HIV Care Coordination Regions of the state: Region 1 (Gary), Region 2 (South Bend), Region 3 (Fort Wayne), Region 7 (Indianapolis), Region 9 (Richmond), Region 11 (Jeffersonville), and Region 12 (Evansville). Two focus groups were held in Region 7. A total of 64 people living with HIV/AIDS participated in the eight focus groups.

The people living with HIV/AIDS who participated in the focus groups had a wide variety of experiences and needs, as well as opinions about what housing and services would be helpful for people living with HIV/AIDS.

The following themes emerged from the focus groups:

- Participants identified affordability as their primary housing challenge. Many rely on support from families, Section 8, and HOPWA. In addition to affordability, barriers identified included poor credit, rental, and criminal histories.
- Participants were concerned about the quality of housing that is affordable to them. Primary concerns included physical quality of the units, landlords' unwilling to make repairs, and neighborhood safety.
- Participants expressed a desire to be independent. Generally, participants indicated a preference to live alone or with immediate family, to have housing integrated into the community, and to live close to businesses and services in order to be able to access them independently.
- Confidentiality was identified as critical to people living with HIV/AIDS as it affects their willingness to access services, including housing assistance. Most participants indicated an unwillingness to divulge their HIV status to their landlords and neighbors.
- Participants had many recommendations for HIV/AIDS housing and services. Access to legal services related to housing, as well as reliable sources of information about housing opportunities, were frequently cited.

### **Key Informant Interview Findings**

Interviews were held with nearly 140 key informants from throughout the state. These community stakeholders were identified by Steering Committee members as those most knowledgeable about HIV/AIDS housing issues as well as able to provide leadership in the future on related issues. Key informants were interviewed from each of the twelve HIV Care Coordination Regions.

The following themes emerged from key informants and community meeting participants:

- There is a lack of housing that is affordable, decent, and safe for people who are living with HIV/AIDS and earn low incomes. In addition, many people face barriers to accessing housing, due to credit, criminal, and rental histories.
- Some people living with HIV/AIDS have multiple diagnoses that impact their housing stability, including substance use and mental health issues.
- Agencies are adapting to the changing populations in need of HIV/AIDS housing and services, including an increasing number of people of color and people leaving incarceration.
- HIV/AIDS service organizations throughout the state are generally well-connected with local social service and housing organizations at the level of service-provision, but few are actively participating in local housing planning processes and other forums for collaboration.
- Key informants discussed the administration and allocation of HOPWA funds statewide. Key informants expressed concerns about the group home model, described discrepancies between regions, and suggested that HOPWA be made available for housing development.
- Many key informants commented on the lack or limited availability of public transportation in some parts of the state and its impact on access to housing, services, and employment.
- Throughout the state, key informants indicated that the general population stigmatizes people living with HIV/AIDS which impacts their access to care, housing, services, and employment, as well as the support of their family, friends, and churches.



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